

APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE

***SINGLE FAMILY OR TWO FAMILY
HOME***

**ADDRESS OF
PROPERTY** _____

TAX MAP _____ **BLOCK** _____ **LOT** _____ **ZONING DISTRICT** _____

PROPOSED USE: Single family home __ Two-family home __ **PROPOSED HEIGHT**

HOW WAS LOT ESTABLISHED? Check one of the following:

1. Subdivision _____ approved on _____ (date) **OR**
2. First cut _____ deed filed on _____ (date) (Attach copy of deed for property out of which lot was cut, dated prior to 12/3/56 and copy of current deed for lot.) **OR**
3. Pre-existed zoning _____ (Attach copy of deed from before December 3, 1956.)

LOT SIZE: _____ sq. ft. **COVERAGE:** _____ sq. ft. **FLOOR AREA:** _____ sq. ft.

PLEASE SUBMIT WITH COMPLETED APPLICATION:

1. \$35.00 fee.
2. [Routing sheet.](#)
3. Survey of property drawn to a scale of at least 1"=40' showing:
 - a. location of all existing and proposed structures, driveways and parking areas.
 - b. distance from each proposed structure to nearest property line.
 - c. location of all wetlands and watercourses within 100 ft. of project.
 - d. grading and erosion control plans.
4. Floor plan and elevations showing dimensions, height, floor area, and coverage.
5. Copy of any variance, wetlands approval, flood permit, and/or coastal site plan review pertinent to this application.
6. East Shore District Health Department approval of septic system if property not sewered.
7. Additional information which may be necessary to determine compliance.

The undersigned states that information submitted with this application is correct and acknowledges that any approval based on erroneous or incomplete information shall be null and void.

Owner_____ Applicant

Address _____

Address _____

Phone _____ Phone

E-mail _____ E-

mail _____

Signature _____ **Signature**

FOR OFFICE USE ONLY:

Receipt Date _____ Fee

Paid _____

Approved/Denied By _____

Date _____